

TOWN OF DAVIE

6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: S & A PLUMBING, INC.

BUSINESS STREET ADDRESS: 12040 SW 26 CT ZIP 33330

BUSINESS MAILING ADDRESS: 6048 NW 167 St MIAMI ZIP 33015

BUSINESS PHONE: 382-2099

DESCRIBE TYPE OF BUSINESS: BACKFLOW/INSTALLATION/REPAIRS/CERTIFICATION

BUSINESS IS: Corporation X Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>ROBERT EDELSTEIN</u>	<u>5072 STILLWATER TERR</u>	<u>COOPER CITY</u>	<u>680-1903</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2000, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

GENE DOWNS, FIELD AGENT  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>3/21/00</u> Category <u>08600</u> Fee <u>39.38</u> Rec# <u>642739</u> New <u>✓</u> Trans _____	
License # _____	Control # _____ Zoning _____
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION